EDUCATION COUNSELING RISK REDUCTION (ECRR) DOCUMENTATION

Date://		
a) Help client (male or female) critically evaluate which contraceptive method is most acceptable and which method he/she can most effectively use.	Time spent: (Minutes)	
b) Assess and address other client personal considerations, risk factors, and behaviors that impact her/his use of contraception.	Time spent: (Minutes)	
c) Facilitate discussion of the male role in a successful use of chosen contraceptive method, as appropriate (for himself or for his female partner).	Time spent: (Minutes)	
d) Facilitates the client's contingency planning (the "back-up method") regarding the client's use of contraception, including planning for emergency contraception.	Time spent: (Minutes)	
e) Schedule follow-up appointments for birth control evaluation at or before 3 months, or as appropriate for the method chosen.	Time spent: (Minutes)	
Total Time Spent:		
Provider (MD / ARNP) Signature Date		
Educator (RN / MA) Signature	Date	

	Education Counseling Risk Reduction (E
Public Health Seattle & King County	Public Health - Seattle & King County 999 Third A venue, Suite 900 Seattle , W A 98104
HEALTHY PEOPLE. HEALTHY COMMUNITIES.	Phone: 206-205-5819 Fax: 206-205-6236
Rev (3/06)	TTY Relay: 71 1

CCRR) Documentation

Client Name:

HR #:

D.O.B.:

Distribution: White - Health Records